



**2010 TRAINING REGISTRATION FORM  
FOR TEACHERS, THERAPISTS & PROFESSIONALS (IN NON-SPECIAL  
EDUCATION SCHOOLS)**

(Fax completed form to 6323-1974)

<b>ORGANISATION DETAILS (for sponsored participants)</b>	
<b>Stamp</b> School or Organisation Name & Address here:	Registration Approved by:
	(Name & Signature of School Principal or Head of Organisation)
Registration Liaison Person: _____	
Tel: _____ Fax: _____ Email: _____	
<b>INVOICING DETAILS</b>	
Name on invoice: _____	
Name of person invoice to be sent to: _____	
Mailing Address: _____	

**TERMS AND CONDITIONS:**

- Complete the Registration Form. The completed Registration Form, together with full payment, should be submitted to Autism Resource Centre (Singapore) or ARC at No. 5 Ang Mo Kio Avenue 10, Singapore 569739.
- Payment can be by cheque, in cash or via Nets at ARC office. All cheques must be crossed and made payable to "Autism Resource Centre (Singapore)". Cheque payment can be mailed.
- Confirmation of registration is at the discretion of ARC and is subject to availability of seats. Only fully completed Registration Forms with full payment will be accepted for consideration.
- There will be no refund of fees upon cancellation; however substitution of participant is allowed. Substitution request has to be made in writing and reach ARC five (5) working days before the training event.
- ARC reserves the right to make changes and disclaim responsibility should any change(s) in this training event occur. In the event of cancellation by ARC **only**, a full refund of the fees paid will be made and no other claims allowed.
- For further information, please contact Lina Kam or Tanya Lim on telephone number 6323 3258 from Mondays to Fridays, between 8.00am to 5.00pm, or email Lina at [lina.kam@autism.org.sg](mailto:lina.kam@autism.org.sg)

**I acknowledge that I have read, understood and agree to the aforementioned terms and conditions**

\_\_\_\_\_  
Name of School Principal

\_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
Date



## 2010 TRAINING REGISTRATION FORM

**NAME OF SCHOOL:** \_\_\_\_\_

**STEPS:**

- Complete participants' details.
- Please tick the appropriate column to register for the training programmes. Please refer to the attached list of training programmes.
- For **Autism Application Workshops (AAW)**, please indicate "ALL" in the column when registering for the entire series of 12 workshops. To register for individual workshops, please indicate in the column the number(s) and date(s) of the selected workshop(s). Please refer to attached list.
- For **Empowered Learning Series (ELS)**, please indicate in the column either **Stream 1 (Pre-school & Special Education Schools)** or **Stream 2 (Mainstream Schools)**. Please refer to attached list.
- Participants to sign beside their respective names.

**DECLARATION BY PARTICIPANT:**

**By my signature, I acknowledge that I have read, understood and agree to the terms and conditions as stated on the front page of this Registration Form.**

PARTICIPANT DETAILS	PARTICIPANT'S SIGNATURE	AAW S\$160.50 per workshop	ELC S\$690 for 3 sessions	Total Fee
Name: _____ NRIC: _____ Designation: _____ Email: _____				
Name: _____ NRIC: _____ Designation: _____ Email: _____				
Name: _____ NRIC: _____ Designation: _____ Email: _____				
Name: _____ NRIC: _____ Designation: _____ Email: _____				



## 2010 Autism Training Programmes (For Teachers, Therapists & Professionals only)

TRAINING PROGRAMME	DATES & TIMES	FEEES per participant
<p><b>Autism Application Workshop (AAW) Series</b></p> <ol style="list-style-type: none"> <li>1. Communication for Non-Verbal Older Children</li> <li>2. Managing Challenging Behaviours</li> <li>3. Task Analysis – A Strategy for breaking down learning steps</li> <li>4. Teaching and Accommodating Handwriting Skills</li> <li>5. <a href="#">Managing Sensory Processing Difficulties in young individuals with autism</a></li> <li>6. Teaching Numeracy Skills Part 1</li> <li>7. Teaching Numeracy Skills Part 2</li> <li>8. Collaborating with Family Caregivers Part 1</li> <li>9. Collaborating with Family Caregivers Part 2</li> <li>10. ADHD Issues in Autism</li> <li>11. Discrete Trial Part 1</li> <li>12. Discrete Trial Part 2</li> </ol> <p><i>(Participants can choose to sign up for individual workshops or the entire series of 12 sessions at a discount)</i></p>	<ol style="list-style-type: none"> <li>1. <b>13/01/10</b></li> <li>2. <b>24/02/10</b></li> <li>3. <b>31/03/10</b></li> <li>4. <b>28/04/10</b></li> <li>5. <b>26/05/10</b></li> <li>6. <b>30/06/10</b></li> <li>7. <b>07/07/10</b></li> <li>8. <b>11/08/10</b></li> <li>9. <b>18/08/10</b></li> <li>10. <b>04/09/10 (Sat)</b></li> <li>11. <b>13/10/10</b></li> <li>12. <b>27/10/10</b></li> </ol> <p>Wednesdays, 6 pm – 9 pm Saturday, 9 am – 12 pm</p>	<p>S\$1,690 (for entire series of 12 sessions) or S\$160.50 (per workshop)</p>
<p><b>Empowered Learning Series (ELS)</b> <b>(Stream 1: Pre-school &amp; Special Education Schools)</b></p> <p>- series of 3 sessions</p> <p><i>(Participants have to sign up for all 3 sessions)</i></p>	<p><b>06/03/10, 22/05/10 18/09/10</b> Saturdays 9 am – 12 pm (1<sup>st</sup> session) 9 am – 12.30 pm (2<sup>nd</sup> session) 9 am – 12.30 pm (3<sup>rd</sup> session)</p>	<p>S\$690</p>
<p><b>Empowered Learning Series (ELS)</b> <b>(Stream 2: Mainstream Primary &amp; Secondary Sch)</b></p> <p>- series of 3 sessions</p> <p><i>(Participants have to sign up for all 3 sessions)</i></p>	<p><b>12/05/10, 28/07/10 29/09/10</b> Wednesdays 6 pm – 9 pm (1<sup>st</sup> session) 5.30 pm – 9 pm (2<sup>nd</sup> session) 5.30 pm – 9 pm (3<sup>rd</sup> session)</p>	<p>S\$690</p>

**IMPORTANT:**

- Fees include 7% GST, handout materials and light refreshments
- Fees may vary in the case of workshops conducted by overseas trainers
- Dates and Times may be subject to changes